REPORTING REQUIREMENTS

NOTE: **The regulations are identified by bold and italics.**

The section number located at the top right corner of the first page of each regulation refers to the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA PATIENT DISCHARGE DATA REPORTING MANUAL, THIRD EDITION
For Discharge Data for the Years 1999 and 2000

NOTICE OF CHANGE IN HOSPITAL OPERATIONS, CONTACT PERSON, METHOD OF SUBMISSION OR DESIGNATED AGENT Section 97210

(a) Each hospital shall notify the Office's Discharge Data Program in writing within 30 days after any change in the person designated as the patient discharge contact person or in the telephone number of the contact person.

DISCUSSION

The person in the hospital who is designated to be the contact person for discharge data is usually the Medical Record Director/Health Information Manager. Some responsibilities of the discharge data contact person are to:

- respond appropriately to law, regulations, and notices from OSHPD that the discharge data are due. The hospital must meet that deadline, request an extension, or incur a civil penalty of $100 for every day the discharge data are late.
- respond appropriately to OSHPD's questions about errors in the discharge data, by coordinating replacement or correction of the data.
- assist the hospital in meeting its reporting obligations by directing OSHPD's requests for corrections to the appropriate department in the hospital and coordinating the hospital's response to OSHPD.

(b) Each hospital shall notify the Office's Discharge Data Program in writing within 30 days after any change in method of submission or change in designated agent for the purpose of submitting the hospital's discharge data report. If there is a change in designated agent, the hospital or its new designated agent must comply with Section 97215. A hospital may submit its own discharge data report directly to the Office's Discharge Data Program, or it may designate an agent for this purpose.

DISCUSSION

Change in method of submission:

- Manual Abstract Reporting Form (OSHPD 1370) to computer media
- Tape to diskette or CD-ROM
- Diskette to tape or CD-ROM
- CD-ROM to tape or diskette

Change in designated agent refers to an entity that sends the data to OSHPD on behalf of the hospital.

(c) Each hospital beginning or resuming operations, whether in a newly constructed

facility or in an existing facility, shall notify the Office's Discharge Data Program within 30 days after its first day of operation of its: designated agent for the purpose of submitting the hospital's discharge data report (if it chooses not to submit its discharge data report directly), method of submission, contact person, and telephone number of contact person. The hospital shall be provided a unique identification number that it can report pursuant to Section 97239. Pursuant to Section 97215, the hospital, if it chooses to designate itself to submit its discharge data report, and its method of submission is not Manual Abstract Reporting Form (OSHPD 1370), shall submit a set of test data that is in compliance with the required format. Pursuant to Section 97215, any agent the hospital designates to submit its discharge data report on its behalf must have submitted a test set of data that is in compliance with the required format, prior to the due date of the hospital's first reporting period.

DISCUSSION

See Subsection (a) of Section 97210 for discussion of the contact person.

After OSHPD receives notification, the hospital will be notified of its unique HIN, as assigned by OSHPD, to be used on each discharge data record.

If the hospital elects to report its own discharge data generated by its in-house computer system, PDDS will provide the hospital with the standard format and specifications. Test data must be submitted by the hospital for approval by OSHPD before the next reporting period's due date. Additional test data information can be found on pages 17 and 18.

If the hospital reports using the Manual Abstract Reporting Form (OSHPD 1370), one copy of the form will be provided to the hospital by OSHPD in advance of the reporting period.

The Manual Abstract Reporting Form is available to download at no charge on the following website: www.oshpd.state.ca.us *This is a PDF file, which requires Adobe Acrobat Reader to view.*

REPORTING PERIODS AND DUE DATES — Section 97211

(a) The prescribed reporting period is calendar semiannual, which means that there are two reporting periods each year, consisting of discharges occurring January 1 through June 30 and discharges occurring July 1 through December 31. The prescribed due dates are six months after the end of each reporting period; thus, the due date for the January 1 through June 30 reporting period is December 31 of the same year, and the due date for the July 1 through December 31 reporting period is June 30 of the following year.

DISCUSSION

REPORTING PERIOD	DUE DATE
January 1 through June 30	December 31 of the same year
July 1 through December 31	June 30 of the following year

These regulations will be updated in accordance with California Health and Safety Code, subdivision (g) of Section 128735 as follows, in part:

"For patient discharges on or after January 1, 2000, through December 31, 2000, the reports shall be filed semiannually by each hospital or its designee not later than three months after the end of each semiannual period."

For the full text, refer to Appendix D, page 21 of this manual.

REPORTING PERIOD	DUE DATE
January 1 through June 30, 2000	September 30, 2000
July 1 through December 31, 2000	March 31, 2001

(b) Where there has been a change in the licensee of a hospital, the effective date of the change in licensee shall constitute the start of the reporting period for the new licensee, and this first reporting period shall end on June 30 or December 31, whichever occurs first. The final day of the reporting period for the previous licensee shall be the last day their licensure was effective, and the due date for the discharge data report shall be six months after the final day of this reporting period.

DISCUSSION

Example: If a hospital's licensee changes effective May 1, the first report for the new licensee will cover the period from May 1 through June 30, and will be due on December 31. The final report for the previous licensee will cover the period January 1 through April 30, and will be due October 31.

PREVIOUS LICENSEE		**NEW LICENSEE**	
REPORTING PERIOD	**DUE DATE**	**REPORTING PERIOD**	**DUE DATE**
January 1 through April 30	October 31	May 1 through June 30	December 31

(c) Discharge data reports shall be filed, as defined by Section 97005, by the date the discharge data report is due. Where a hospital has been granted an extension, pursuant to Section 97241, the ending date of the extension shall constitute the new due date for that discharge data report.

DISCUSSION

If the due date falls on a Saturday, Sunday, or State of California holiday, hospitals are allowed to have the data postmarked on the next State of California business day, without penalty.

Subsection (j) of Section 97005 reads:

(j) Disclosure reports, extension requests, appeal petitions, and other items are deemed to have been "filed" or "submitted" with the Office:

(1) as of the date they are postmarked by the United States Postal Service if properly addressed and postage prepaid;

(2) as of the date they are dated by a commercial carrier if properly addressed and delivery fee prepaid;

(3) when received by the Office via FAX machine or other electronic device;

(4) when received by the Office via hand delivery; or

(5) when otherwise received by the Office.

DEFINITIONS, AS USED IN THIS ARTICLE **Section 97212**

(a) California Hospital Discharge Data Set. The California Hospital Discharge Data Set consists of the data elements of the hospital discharge abstract data record, as specified in Subdivision (g) of Section 128735 of the Health and Safety Code.

(b) Computer Media. Computer media means computer tape (reel or cartridge), diskette, or compact disk.

(c) Designated Agent. An entity designated by a hospital to submit that hospital's discharge data records to the Office's Discharge Data Program; may include the hospital's abstractor, a data processing firm, or the data processing unit in the hospital's corporate office.

(d) Discharge. A discharge is defined as a newborn or a person who was formally admitted to a hospital as an inpatient for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer, and who is discharged under one of the following circumstances:

(1) is formally discharged from the care of the hospital and leaves the hospital,

(2) transfers within the hospital from one type of care to another type of care, as defined by Subsection (i) of Section 97212, or

(3) has died.

DISCUSSION

Inpatient: For a discharge to take place, the patient must have been formally admitted as an inpatient.

Babies born before admission to hospital (e.g., alternative birth center [ABC], your or another hospital's emergency room [ER], elevator), and who are admitted immediately to inpatient care, will be reported with the principal diagnosis of V30-V39 with a fourth digit of 1.

Mothers who deliver their babies in outpatient clinics (e.g., ABC) or your or another hospital's emergency room, and who then are admitted to inpatient care, will have a principal diagnosis reflecting the reason for admission, such as postpartum observation (V24) or postpartum complication (640-676) with fifth digit of 4.

See Subdivision (a) (4) of Section 1204 and Section 1204.3 of the Health and Safety Code for licensure of an ABC.

Death: When an inpatient expires, the death constitutes a discharge.

Organ Donor:

Outpatient: If a person expires in the emergency room and an organ is to be donated, no discharge data record will to be reported to OSHPD. The procedures for harvesting the organs from a outpatient donor will not be reported to OSHPD.

Inpatient: If an inpatient dies, the date of death is the date of discharge. Even if the organs are donated, the deceased patient is not to be retained with inpatient status or readmitted with a principal diagnosis of V59.x (organ donor). The procedures for harvesting the organs will not be reported to OSHPD.

Type of Care (TOC): If the patient is transferred within the hospital from one TOC to another as defined in Subsection (i) of this regulation, the patient must be considered discharged from the first TOC and admitted to the other TOC. Separate discharge data records will be reported for each stay.

Transfers Between Types of Care Within the Same Hospital:

One Record: Any patient transferred within acute care (e.g., from one of the following acute bed designations to another), is not a discharge and is reported to OSHPD as one record.

The following are examples of acute care:

Traditional medical/surgical care	Perinatal care
Intensive care	Pediatric Care
Coronary care	Oncology
Neonatal intensive care unit (NICU)	Acute respiratory care
Intensive care newborn nursery (ICNN)	Burn centers

Example: Transfer to ICNN/NICU. A newborn experiences respiratory distress and is transferred from the newborn nursery to ICNN/NICU in the same hospital. Only one discharge record will be reported. Normal newborn care and ICNN/NICU care are part of the acute TOC.

Multiple Records: Any patient transferred within the same hospital from one TOC to another will be discharged from the first TOC and a discharge data record will be reported for each TOC.

Example of three discharge data records for the same patient: A patient is admitted to acute care and transferred to psychiatric care (one record), then transferred from psychiatric care to chemical dependency recovery care (one record), and then transferred from chemical dependency recovery care to acute care (one record).

No Record:

Stillborn (Fetal Death): A discharge data record will not be reported to OSHPD.

Boarder Baby: Mother delivers baby; both mother and baby are discharged home. Mother develops complications and is readmitted. There is no other caretaker at home to care for baby. The baby goes back to hospital with the mother but is not admitted. The baby stays in the mother's room.

(e) DRG. Diagnosis Related Groups is a classification scheme with which to categorize patients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the U.S. Healthcare Financing Administration.

(f) Do Not Resuscitate (DNR) Order. A DNR order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

(g) ICD-9-CM. The International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-9-CM are made nationally by the "cooperating parties" (the American Hospital Association, the Healthcare Financing Administration, the National Center for Health Statistics, and the American Health Information Management Association).

(h) Method of Submission. A method of submission is the medium used by a hospital or its designated agent to submit a discharge data report to the Office and may be one of the following:

(1) computer tape (reel or cartridge),

(2) diskette,

(3) compact disk, or

(4) Manual Abstract Reporting Form (OSHPD 1370).

(i) Type of Care. Type of Care is defined as one of the following:

(1) Skilled Nursing/Intermediate Care. Skilled nursing/intermediate care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classifications of skilled nursing or intermediate care, as defined by Subdivisions (a)(2), (a)(3), or (a)(4), of Section 1250.1 of the Health and Safety Code. Skilled nursing/intermediate care also means inpatient care that is provided to inpatients occupying general acute care beds that are being used to provide skilled nursing/intermediate care to those inpatients in an approved swing bed program.

(2) Physical rehabilitation care. Physical rehabilitation care means inpatient care that is provided to inpatients occupying beds included on a hospital's license within the general acute care classification, as defined by Subdivision (a)(1) of Section 1250.1 of the Health and Safety Code, and designated as rehabilitation center beds, as defined by Subsection (a) of Section 70034 and of Section 70595.

(3) Psychiatric care. Psychiatric care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classification of acute psychiatric beds, as defined by Subdivision (a)(5) of Section 1250.1 of the Health and Safety Code, and psychiatric health facility, as defined by Subdivision (a) of Section 1250.2 of the Health and Safety Code.

(4) Chemical dependency recovery care. Chemical dependency recovery care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license as chemical dependency recovery beds, as defined by Subdivision (a)(7) of Section 1250.1 and Subdivisions (a), (c), or (d) of Section 1250.3 of the Health and Safety Code.

DISCUSSION

This category includes chemical dependency recovery services provided as a supplemental service in existing general acute care beds and acute psychiatric beds in a general acute care hospital or in existing acute psychiatric beds in an acute psychiatric hospital or in existing beds in a freestanding facility (i.e., Subdivision (d) of Section 1250.3 of the Health and Safety Code).

(5) Acute care. Acute care, as defined by Subdivision (a)(1) of Section 1250.1 of the Health and Safety Code, means all other types of inpatient care provided to inpatients occupying all other types of licensed beds in a hospital, other than those defined by Subsections (i)(1), (i)(2), (i)(3), and (i)(4) of this section.

DISCUSSION

The following are examples of acute care:

Traditional medical/surgical care	Perinatal care
Intensive care	Pediatric care
Coronary care	Oncology
Neonatal intensive care unit (NICU)	Acute respiratory care
Intensive care newborn nursery (ICNN)	Burn centers

(j) Licensee. Licensee means an entity that has been issued a license to operate a hospital, as defined by Subdivision (c) of Section 128700 of the Health and Safety Code.

(k) Record. A record is defined as the set of data elements of the "hospital discharge abstract data record," as specified in Subdivision (g) of Section 128735 of the Health and Safety Code, for one patient.

(l) Report. A report is defined as the collection of all records submitted by a hospital for a semiannual reporting period or for a shorter period, pursuant to Subsection (b) of Section 97211.

DISCUSSION

Types of Care are documented on the official license issued to the hospital by Licensing and Certification of the California State Department of Health Services. The hospital's license shows the number of beds in each classification and the number of general acute care beds in each designation.

REQUIRED REPORTING **Section 97213**

(a) Each hospital shall submit the data elements of the hospital discharge abstract data record, as specified in Subdivision (g) of Section 128735 of the Health and Safety Code, for each inpatient discharged during the semiannual reporting period, according to the format specified in Section 97215 and by the dates specified in Section 97211.

(b) For discharges on or after January 1, 1997, a hospital shall separately identify records of patients being discharged from the acute care type of care, as defined by Subsection (i)(5) of Section 97212. The method of identification depends on the method the hospital has chosen to submit these records. If submitted on Manual Abstract Reporting Forms (OSHPD 1370), the hospital shall identify these records by recording a "1" in the space provided. If submitted on computer media, the hospital shall identify these records by recording a "1" in the first position on each of these records.

(c) For discharges on or after January 1, 1997, a hospital shall separately identify records of patients being discharged from the skilled nursing/intermediate care type of care, as defined by Subsection (i)(1) of Section 97212. The method of identification depends on the method the hospital has chosen to submit these records. If submitted on Manual Abstract Reporting Forms (OSHPD 1370), the hospital shall identify these records by recording a "3" in the space provided. If submitted on computer media, the hospital shall identify these records by recording a "3" in the first position on each of these records.

(d) For discharges on or after January 1, 1997, a hospital shall separately identify records of patients being discharged from the psychiatric care type of care, as defined by Subsection (i)(3) of Section 97212. The method of identification depends on the method the hospital has chosen to submit these records. If submitted on Manual Abstract Reporting Forms (OSHPD 1370), the hospital shall identify these records by recording a "4" in the space provided. If submitted on computer media, the hospital shall identify these records by recording a "4" in the first position on each of these records.

(e) For discharges on or after January 1, 1997, a hospital shall separately identify records of patients being discharged from the chemical dependency recovery care type of care, as defined by Subsection (i)(4) of Section 97212. The method of identification depends on the method the hospital has chosen to submit these records. If submitted on Manual Abstract Reporting Forms (OSHPD 1370), the hospital shall identify these records by recording a "5" in the space provided. If submitted on computer media, the hospital shall identify these records by recording a "5" in the first position on each of these records.

(f) For discharges on or after January 1, 1997, a hospital shall separately identify records of patients being discharged from the physical rehabilitation type of care, as defined by

Subsection (i)(2) of Section 97212. The method of identification depends on the method the hospital has chosen to submit these records. If submitted on Manual Abstract Reporting Forms (OSHPD 1370), the hospital shall identify these records by recording a "6" in the space provided. If submitted on computer media, the hospital shall identify these records by recording a "6" in the first position on each of these records.

DISCUSSION

Format for reporting this data element on the Manual Abstract Reporting Form for discharges occurring on or after January 1, 1999:

1. TYPE OF CARE

1 Acute	5 Chem Dep	
3 SN/IC	6 Physical Rehab	
4 Psychiatric		

(g) Each discharge data report shall be submitted at one time, use one method of submission, and shall include all types of care.

(h) A hospital operating under a consolidated license may submit its discharge data report in separate sets of records that relate to separate physical plants.

DISCUSSION

A consolidated hospital may elect to submit separate discharge data reports for multiple sites using the existing separate Hospital Identification Numbers (HINs).

(i) If a hospital operating under a consolidated license submits its report in separate sets of records, the compilation of those sets must include all discharge records from all types of care and from all physical plants on that hospital's license. The complete compilation of sets of records for a hospital comprises that hospital's discharge data report for purposes of this Article.

FORM OF AUTHENTICATION **Section 97214**

(a) Hospitals submitting their hospital discharge abstract data records using the Manual Abstract Reporting Forms (OSHPD 1370) must submit with each discharge data report a completed Individual Hospital Transmittal Form (OSHPD 1370.1), including the following information: the hospital name, the hospital identification number, as specified in Section 97239, the reporting period's beginning and ending dates, the number of records, and the following statement of certification, to be signed by the hospital administrator or his/her designee:

I, (name of individual), certify under penalty of perjury as follows:

That I am an official of (name of hospital) and am duly authorized to sign this certification; and that, to the extent of my knowledge and information, the accompanying discharge abstract data records are true and correct, and that the definitions of the data elements required by Subdivision (g) of Section 128735 of the Health and Safety Code, as set forth in the California Code of Regulations, have been followed by this hospital.

Dated: _____ _____
(Name of hospital)

By: _____

Title: _____

Address: _____

A hospital that uses the Individual Hospital Transmittal Form (OSHPD 1370.1) is not required to submit a separate Discharge Data Certification Form (OSHPD 1370.3).

(b) Hospitals submitting their hospital discharge abstract data records using computer media must submit with each discharge data report a completed Individual Hospital Transmittal Form (OSHPD 1370.1), including the following information: the hospital name, the hospital identification number, as specified in Section 97239, the reporting period's beginning and ending dates, the number of records, the tape specifications, and the signed statement of certification, as specified in Subsection (a) of Section 97214.

(c) Hospitals that designate an agent to submit their hospital discharge abstract data records must submit for each discharge data report a Discharge Data Certification Form (OSHPD 1370.3) to the Office's Discharge Data Program. This form shall be mailed after the end of each reporting period, and before that corresponding reporting period's due date. The certification must cover the same reporting period as the data submitted by the designated agent. This form, that contains the following statement of certification, shall be signed by the hospital administrator or his/her designee:

I, (name of individual), certify under penalty of perjury as follows:

That I am an official of (name of hospital) and am duly authorized to sign this certification; and that, to the extent of my knowledge and information, the discharge abstract data records submitted to (name of my hospital's designated agent) for the period from (starting date) to (ending date) are true and correct, and that the definitions of the data elements required by Subdivision (g) of Section 128735 of the Health and Safety Code, as set forth in the California Code of Regulations, have been followed by this hospital.

Dated: _____ _____
(Name of hospital)

By: _____

Title: _____

Address: _____

(d) Agents who have been designated by a hospital through the Discharge Data Certification Form (OSHPD 1370.3) to submit that hospital's discharge abstract data records must submit with each discharge data report a completed Agent's Transmittal Form (OSHPD 1370.2), including the following information clearly indicated: the hospital name, the hospital identification number, the reporting period's beginning and ending dates, the number of records, and the tape specifications. If the computer tape contains more than 13 reports, page two of the Agent's Transmittal Form (OSHPD 1370.2) shall be completed and attached to page one.

Designated agents are not required to submit any certification forms.

(e) Any hospital or designated agent may obtain free copies of the Individual Hospital Transmittal Form (OSHPD 1370.1), the Agent's Transmittal Form (OSHPD 1370.2), and the Discharge Data Certification Form (OSHPD 1370.3) by contacting the Office's Discharge Data Program.

FORMAT **Section 97215**

Patient discharge data shall be reported to the Office's Discharge Data Program on either the Manual Abstract Reporting Form (OSHPD 1370) or on computer media. The version of the Manual Abstract Reporting Form (OSHPD 1370) to be used depends on the date of discharge: discharges January 1, 1997, through December 31, 1998, shall use Form 1370 as revised June 1996, and discharges on or after January 1, 1999, shall use Form 1370 as revised in March 1998. The Office shall furnish each hospital using Form 1370 a copy of the appropriate version in advance of the start of each reporting period. Additional copies of Form 1370 shall be made by the hospital to submit its discharge data and each additional copy shall be made on one sheet, front (Page 1 of 2) and back (Page 2 of 2).

The format and specifications for the computer media depend on the date of discharge: discharges January 1, 1997, through December 31, 1998, shall comply with the Office's standard format and specifications as revised September 1, 1995, and discharges on or after January 1, 1999, shall comply with the Office's standard format and specifications as revised in March 1998. The Office shall furnish each hospital and designated agent a copy of the standard format and specifications before the start of the reporting period to which revisions apply. Additional copies may be obtained at no charge from the Office's Discharge Data Program.

Each hospital whose discharge data is submitted on computer media or, if the hospital has designated an agent, that agent, shall demonstrate its ability to comply with the standard format and specifications by submission of a test file of its data with which the Office can confirm compliance with the standard format and specifications.

The test file shall be submitted at least 60 days prior to the next reporting period due date by new hospitals or by existing hospitals after a change in any of the following: the Office's standard format and specifications; the hospital's or its designated agent's computer system, hardware or software; the computer media used by the hospital or its designated agent, the method of submission; or the designated agent, unless the new designated agent has already submitted a test file that complied with the standard format and specifications.

DISCUSSION

Standard Format and Specifications for Magnetic Tape, 3½ and 5¼" Diskette, or CD-ROM: See Appendix C.

Manual Abstract Reporting Form (OSHPD 1370): See Appendix F.

The Manual Abstract Reporting Form (OSHPD 1370) is available for download from the OSHPD web site: www.oshpd.state.ca.us

Confirmation of Test Data: Hospitals or their designated agents are required to submit test data

at least 60 days prior to the due date to allow sufficient time to confirm compliance with OSHPD's standard format and specifications.

A test of compliance with the standard format and specifications is required for the following circumstances:

- The standard format and specifications change.
- A new hospital opens and elects to submit its discharge data report using its own in-house computer system.
- A hospital changes its method of reporting (e.g., diskette to tape) and does not designate an agent to submit the report.
- A hospital/designated agent changes its computer system. While the same computer tape/diskette might continue to be used, the ability of the new system to produce discharge data in the standard format and specifications must be confirmed by OSHPD.

Test data may, or may not, be approved upon initial submission. Multiple submissions may be required to meet the standard format and specifications. Early submission of test data may be advantageous. Failure to have an approved format before the next reporting period's due date may result in the use of extension days and/or penalties being accrued due to late data submission.